

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000955

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

100

Primary Registration District No.

Registrar's No.

9

FILED FEB 5 1963

1. PLACE OF DEATH

a. COUNTY

Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Salem

Length of stay in 1b

10 Hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Hart Clinic

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Crawford

admission)

c. CITY

OR

TOWN

Union Township

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

3 Miles So. Cherryville

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

GENEVIEVE

MARGARET

MOSER

4. DATE

Month

Day

Year

OF

DEATH

Jan. 28, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/10/1905

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Caseyville, Illinois.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Wallace

13b. MOTHER'S MAIDEN NAME

Katherine Stroker

14. NAME OF HUSBAND OR WIFE

Robert Moser

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Robert Moser, Cherryville, Missouri.

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Central nervous system vascular

477-942.5

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

accident - probably in medulla

DUE TO (c)

oblongata

5-10 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

Hour

Month, Day, Year

INJURY

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

November 1952 to Jan. 28, 1963

and last saw her

alive on

January 27, 1963

Death occurred at

6:30

A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or title)

M.D.

22b. ADDRESS

Salem, Missouri

22c. DATE SIGNED

1-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/30/1963

23c. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

23d. LOCATION (City, town, or county)

Cuba, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Halbert Funeral Home, Steelville, Mo.

25. DATE RECD. BY LOCAL REG.

1-29-63

26. REGISTRAR'S SIGNATURE

M.M. Stroker

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10331

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933DX

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121-0

131-0

FEB 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas L. Halbert

Licensed Embalmer No. 4332

P.O. Address Steeleville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.